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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: September 5, 2003

TO: Examiner: Hoon K. Song : **RE:** U.S. Patent Application
Art Unit: 2882 : **Serial No.:** 09/451,965
Fax: (703) 872-9318 : **Applicant:** Robert F. Senzig et al.
From: Thomas M. Fisher : **Atty. Dkt. No.:** 15-CT-4697 (12553-118)

DOCUMENTS SUBMITTED WITH TRANSMISSION:

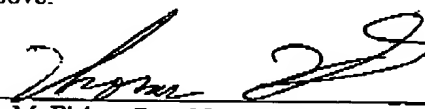
Amendment in response to Office Action dated June 5, 2003 (15 pgs.)
Amendment Transmittal (3 pgs.)

Total pages including cover page: 19
If all pages are not received, please contact: Lois Viera at Ext. 7938

RE: The above referenced U.S. Patent Application
Title: IMAGING SYSTEM FOR GENERATING HIGH QUALITY IMAGES
Filed: November 30, 1999

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
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Thomas M. Fisher, Reg. No.: 47,564

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PATENT
15-CT-4697

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert F. Senzig et al.

Serial No.: 09/451,965

Filed: November 30, 1999

For: IMAGING SYSTEM FOR
GENERATING HIGH QUALITY
IMAGES

Art Unit: 2882

Examiner: Hoon K. Song

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Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

OFFICIAL

TRANSMITTAL

Transmitted herewith are:

1. Amendment in response to Office Action dated June 5, 2003 (15 pgs.)
2. Facsimile Transmission Sheet (1 pg.)

STATUS

2. Applicant

☐ claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:


MAILING

☐ deposited with the United States Postal Service "Express Mail
Post Office to Addressee" service under 37 C.F.R. 1.10, Express
Mail Label No. _____ addressed to the Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date: _____

FACSIMILE

☒ transmitted by facsimile to the Patent
and Trademark Office at (703) 872-9318.


Thomas M. Fisher
Reg. No. 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 110.00	\$ 55.00
_____ Second month	\$ 410.00	\$ 205.00
_____ third month	\$ 930.00	\$ 465.00
_____ Fourth month	\$1,450.00	\$ 725.00
_____ fifth month	\$1,970.00	\$ 985.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS		=	x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$140 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) X No additional fee for Claims is required

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT


5. _____ Attached is a check in the sum of \$_____
- _____ Charge Deposit Account No. 01-2384 the sum of \$_____.
- A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. X If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:


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